

Federal Deposit Insurance Corporation
BACKGROUND INVESTIGATION QUESTIONNAIRE
FOR CONTRACTOR PERSONNEL AND MANAGEMENT OFFICIALS

INSTRUCTIONS: Complete each item on this form, as applicable. *(Type or Print Legibly)*

SECTION I - GENERAL INFORMATION

1. FULL NAME <i>(Last, First, MI)</i>		2. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3. OTHER NAMES USED <i>(e.g., maiden name, names from former marriages, or aliases. Include the dates when used.)</i>			
NAME	DATE	NAME	DATE
4. SOCIAL SECURITY NUMBER		5. DATE OF BIRTH	6. PLACE OF BIRTH
7. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. RESIDENTIAL ADDRESS <i>(Start with current address and work backwards 10 years. Use a separate sheet of paper, if necessary.)</i>			
MONTH/YEAR	STREET ADDRESS <i>(Include City, State, and ZIP Code)</i>		
9. EMPLOYER'S NAME		10. OFFICE TELEPHONE NUMBER	
11. EMPLOYER'S ADDRESS <i>(Include City, State, and ZIP Code)</i>			
12. TITLE/POSITION		13. YEARS WITH EMPLOYER	

SECTION II - DISCLOSURE

INSTRUCTIONS: Check one box for each of the following questions. If your response is "YES" to any of the questions listed below, provide a detailed explanation including dates, names, and the locations of the event(s) in question on a separate sheet of paper and attach to this form.

14. Have you ever been employed by the RTC/FDIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Have you ever been convicted of a felony? <i>(If "YES," provide the offense, law enforcement authority and/or court, city and state, and disposition of charges.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Have you been removed from or prohibited from participating in the affairs of any insured depository institution pursuant to any final enforcement action by the Office of the Comptroller of the Currency, the Office of Thrift Supervision, the Board of Governors of the Federal Reserve System, or the FDIC or their successors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Have you demonstrated a pattern or practice of defalcation regarding obligations? (See reverse)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Have you caused a substantial loss to Federal deposit insurance funds? (See reverse)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Have you defaulted on a material obligation to any insured depository institution during the past 10 years? (See reverse) <i>(If "YES," list and describe on a separate sheet of paper.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Have you ever been employed by a Financial Institution? <i>(If "YES," complete information below.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FINANCIAL INSTITUTION	CITY and STATE	DATE OF EMPLOYMENT

QUESTION 17. Pattern or practice of defalcation regarding obligations means two or more instances in which: (1) a loan or advance from an insured depository institution is in default for ninety (90) or more days as to payment of principal, interest, or a combination thereof and there remains a legal obligation to pay an amount in excess of \$50,000; or (2) a loan or advance from an insured depository institution where there has been a failure to comply with the terms to such an extent that the collateral securing the loan or advance was foreclosed upon, resulting in a loss in excess of \$ 50,000 to the insured depository institution. 12 C.F.R. § 366.2(K).

QUESTION 18. Substantial loss to Federal deposit insurance funds means: (1) a loan or advance from an insured depository institution, which is currently owed to the FDIC, RTC, FSLIC or their successors, or the Bank Insurance Fund (BIF), the Savings Association Insurance Fund (SAIF), the FSLIC Resolution Fund (FRF), or funds maintained by the RTC for the benefit of insured depositors, that is or has ever been delinquent for ninety (90) or more days as to payment of principal, interest, or a combination thereof and on which there remains a legal obligation to pay an amount in excess of \$50,000; (2) an obligation to pay an outstanding, unsatisfied, final judgment in excess of \$50,000 in favor of the FDIC, RTC, FSLIC, or their successors, or the BIF, the SAIF, the FRF, or the funds maintained by the RTC for the benefit of insured depositors; or (3) a loan or advance from an insured depository institution which is currently owed to the FDIC, RTC, FSLIC, or their successors, or the BIF, the SAIF, the FRF, or the funds maintained by the RTC for the benefit of insured depositors, where there has been a failure to comply with the terms to such an extent that the collateral securing the loan or advance was foreclosed upon, resulting in a loss in excess of \$50,000. 12 C.F.R. § 366.2(o).

QUESTION 19. Default on a material obligation means a loan or advance from an insured depository institution which has ever been delinquent for 90 or more days as to payment of principal or accrued interest, or a combination thereof, with a remaining balance of principal and accrued interest on the ninetieth day, or any time thereafter, in an amount in excess of \$50,000. 12 C.R.F. § 366.2(f).

SECTION III – AUTHORIZATION TO RELEASE INFORMATION AND CERTIFICATION

Carefully read the authorization to release information and the certification below, then sign and date in ink.

I hereby authorize FDIC to conduct any investigation or inquiry necessary to verify the aforementioned information, the information provided in my resume or other personal data in order to verify my fitness and integrity to provide services for the Federal Deposit Insurance Corporation. The background investigation I am authorizing may require information contained herein and acquired during the investigation to be disclosed to third parties, including credit-reporting businesses and state and local licensing agencies. I hereby authorize and give my consent to such disclosures. This authorization will remain valid for the life of the contract or until termination of my employment or affiliation with the contractor, whichever is sooner. Photocopies of this authorization that show my signature are as valid as the **original signed by me**. (Pursuant to section 604 of the Fair Credit Reporting Act, a separate notice in writing pertaining solely to obtaining a credit/consumer report will be provided to you. See 15 U.S.C. § 1681b(2)(A)).

I certify that I have read and understood each question asked of me on this form, and that the information provided, including attachments to this form, is true and correct to the best of my knowledge, information, and belief. I understand that anyone who knowingly or willfully makes false or fraudulent statements or representations in connection with disclosures or certifications herein may be subject to fines and/or imprisonment or both (18 U.S.C. § 1001 and § 1007). I agree to notify the FDIC immediately of any change in circumstances that would require disclosure hereunder.

21. PRINT NAME (*Type or Print*)

22. SIGNATURE AND DATE (*Sign in ink*)

ESTIMATED REPORTING BURDEN

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Assistant Executive Secretary (Administration), OES, Room F-4001, FDIC, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0072), Washington, D.C. 20503.

PRIVACY ACT STATEMENT

Collection of this information is authorized by the Federal Deposit Insurance Act (12 U.S.C. §§ 1819, 1821, and 1822(f)(3) and (4)), Executive Order 9397, as well as the FDIC regulations at 12 C.F.R. Part 366. The requested information will be used by FDIC personnel to conduct background investigations of contractors seeking to provide services to the FDIC to determine whether the individual meets the FDIC's fitness and integrity standards. Specifically, the information provided may be disclosed to third parties including credit-reporting businesses and state and local licensing agencies as necessary to conduct the background investigation authorized herein.

Disclosure of information on this form may also be made to appropriate Federal or state agencies if a violation or possible violation of a civil or criminal law is apparent; to the General Accounting Office for inspection by auditors; and, to a Congressional office in response to an inquiry made at the request of the individual or in accordance with the other "routine uses of records" listed in the FDIC's Financial Information System 30-64-0012. Your Social Security Number (SSN) is requested to ensure record accuracy. Completion of this form is voluntary, but failure to provide the requested information, including your SSN, may preclude you and your employer from consideration for the award of a particular contract.